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7 **UNITED STATES DISTRICT COURT**
8 **WESTERN DISTRICT OF WASHINGTON**
9 **AT SEATTLE**

10 STATE OF WASHINGTON, et al.,

11 Plaintiffs,

12 v.

13 DONALD J. TRUMP, in his official
14 capacity as President of the United States of
15 America, et al.,

16 Defendants.

NO.

DECLARATION OF CARRIE
LINK, M.D.

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DECLARATION OF CARRIE LINK, M.D.

ATTORNEY GENERAL OF WASHINGTON
Complex Litigation Division
800 Fifth Avenue, Suite 2000
Seattle, WA 98104
(206) 464-7744

DECLARATION OF CARRIE LINK, M.D.

I, Carrie Link, hereby declare:

I am over the age of 18, competent to testify as to the matters herein, and make this declaration based on my personal knowledge.

I am board certified in family medicine. In 2010 I became an Assistant Professor of Family Medicine in the department of family medicine and daily health at the University of Minnesota. I have worked at Smiley's clinic since that time and now am the co-medical director of comprehensive gender care at MHealth Fairview.

I work with queer and trans adolescents and adults. I treat many families and focus on the family unit, because of the strong empirical evidence identifying social support being key to improving outcomes in patients experiencing gender dysphoria. At the U of M family medicine residency programs, we train the majority of the family medicine physicians working in the state of Minnesota. Our program includes comprehensive family medicine training, including gender affirming care.

At Smiley's Clinic, we see trans and non-binary patients every shift, and this care is essential and medically necessary. When a patient does not have access to care for any reason, including financial, lack of insurance, laws barring care, or travel burden we often see worse outcomes, in particular related to mental health and suicide attempts. One of my patients recently had delayed care because of an insurance company delaying access to puberty blockers and in that delay, there were two suicide attempts. Once access to medications was allowed, mental health outcomes have significantly improved. Children require no medical treatment at all, and treatment instead is focused on social support, referrals to mental health therapy, and possibly a

pronoun or name change. It is not until puberty that an adolescent is eligible for possible gender affirming medical care.

In a series of appointments, a comprehensive workup is completed to determine if the patient is eligible for gender affirming medical care and if it is medically necessary. This involves a mental health and physical evaluation and a detailed informed consent process, which is both verbal and written, and must take place with the patient's legal guardians. At these appointments, we decide if medical treatment is necessary or beneficial. We assess each patient individually on their mental and physical health using international guidelines. Most patients do not require medical treatment and as has been reported in the literature only *a tenth of one percent of youth* are accessing gender affirming medical care. Additional supports a physician may provide includes referrals to therapy, contacting their school for safe bathroom access, and possible voice coaching. This is a long-term journey, and we work with the whole person. It is very important that we offer gender affirming medical care when it is determined the patient is eligible and it is medically necessary, in order to prevent permanent physical changes that would be damaging to their health and to support positive physical and mental health outcomes. We treat patients from all over Minnesota, many from rural Minnesota, as well as from North and South Dakota, Missouri and Iowa.

This care and treatment are widely supported by all leading medical organizations based on extensive research. Here are medical organizations that support and recognize the medical necessity of gender affirming medical care and provide guidelines for safe practice:

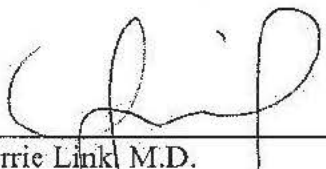
- World Professional Association for Transgender Health (WPATH)
- American Academy of Child and Adolescent Psychiatry
- American Academy of Dermatology
- American Academy of Family Physicians
- American Academy of Nursing
- American Academy of Pediatrics

American Academy of Physician Assistants
American College Health Association
American College of Nurse-Midwives
American College of Obstetricians and Gynecologists
American College of Physicians
American Counseling Association
American Heart Association
American Medical Association
American Medical Student Association
American Nurses Association
American Osteopathic Association
American Psychiatric Association
American Psychological Association
American Public Health Association
American Society of Plastic Surgeons
Endocrine Society
Federation of Pediatric Organizations
GLMA: Health Professionals Advancing LGBTQ Equality
National Association of Nurse Practitioner in Women's Health
National Association of Social Workers
National Commission on Correctional Health Care
Pediatric Endocrine Society
Society for Adolescent Health and Medicine
World Medical Association
World Professional Association for Transgender Health

I understand that the President of the United States has issued an Executive Order “Protecting Children from Chemical and Surgical Mutilation,” which directs the Office of Management and Budget and each executive department or agency that provides research or education grants to medical institutions, including medical schools and hospitals, to immediately take appropriate steps to ensure that institutions receiving Federal research or education grants end gender affirming care for individuals under 19 years old (Sec. 4). The Executive Order further directs the Department of Justice to enforce laws against “female genital mutilation” against persons providing or facilitating such care to individuals under 19 years old (Sec. 8). Since the President of the United States has issued this Executive Order, we have seen and are experiencing reports of increasing patient experience of transphobia and gender dysphoria.

Since the President issued this Executive Order, families are terrified. Parents as well as patients are calling our medical receptionist panicking that treatment will be "banned." We are very worried about suicide attempts in this community. The trans and non-binary patients are reporting that they are targeted more for harassment on the streets, parents are concerned for their children and youth reporting they are less safe, leading to isolation. I declare under penalty or perjury under the laws of the State of Minnesota and the United States of America that the foregoing is true and correct.

DATED and SIGNED this 5th day of February 2025 at Minneapolis, Minnesota.


Carrie Link M.D.